

**DoD/VA Practice Guideline for Primary Care:
Management of Low Back Pain (LBP)**

1. Evaluate for serious health problems.
 - Look for **red flags** during history, neuro assessment, and physical exam.
 - **Major trauma**
 - **Age > 50**
 - **Persistent fever**
 - **History of cancer**
 - **Metabolic disorder**
 - **Major muscle weakness**
 - **Bladder or bowel dysfunction**
 - **Saddle anesthesia**
 - **Decreased sphincter tone**
 - **Unrelenting night pain**
 - Refer patient with bowel or bladder symptoms immediately to ortho or neurosurgery.
 - Nonemergent red flag cases, assess with diagnostic tests for consult/referral.
2. **Provide conservative treatment** for acute LBP patients (≤ 6 weeks duration).

Remember that 70% of patients improve by 2 weeks; 90% improve by 4+ weeks

 - **NSAIDs and Acetaminophen** are the meds of choice; opiates/muscle relaxants give no additional proven benefit.
 - **Modified light activity** improves outcome.
 - **Instruct patient in self-care** and to call if pain gets worse. *over*

2. **Provide conservative treatment for acute LBP patients (*continued*)**
 - X-rays and MRIs are of proven benefit only in specific situations.
 - Bed rest of more than 48 hours is of no additional proven benefit.
 - Manipulation may be helpful if no sciatica.
3. **Evaluate patients who get worse.**
 - Re-evaluate worsening patients quickly.
4. **Evaluate patients who do not improve.**
 - Re-evaluate after 4-6 weeks.
 - Take history and perform physical exam to rule out other serious problems.
 - Use self-report questionnaires for psychological distress/risk factors.
5. **Manage chronic (>6 weeks duration) LBP or sciatica (radiating pain below knee).**
 - Do appropriate diagnostic tests for consult/referral.
 - For active duty soldiers with either condition (not improving >6 weeks), assess for disposition.



May 1999